

WASHINGTON STATE DEPARTMENT OF HEALTH
BOARD OF PHARMACY
CenterPoint Corporate Park
Kent, Washington

CONVENE

Chair Asaad Awan convened the meeting at 11:24 a.m. on January 26, 2006. Board Members present:

Susan Teil-Boyer, RPh
George Roe, RPh
Donna Dockter, RPh
Gary Harris, RPh
Sharron Sellers
Rebecca Hille, Vice-Chair

Staff Members present:

Joyce Roper, Assistant Attorney General
Steven Saxe, Executive Director
Tim Fuller, Pharmacy Consultant
Andy Mecca, Pharmacy Consultant
Grace Cheung, Chief Investigator
Stan Jeppesen, Pharmacist Investigator
Doreen Beebe, Program Manager

CONSENT AGENDA

ACTION: George Roe moved to accept the following:

Pharmacist License Application Approval for:

Ken Martin – Nuclear Pharmacist

Froilan Rivera – Nuclear Pharmacist

Pharmacy and Other Firm Application Approval

Collaborative Drug Therapy Agreements Approval for:

Fred Meyer Pharmacy – TB Testing

Jones Pharmacy Medical Lake– Antiviral Therapy

Jones Pharmacy – Pseudoephedrine Prescriptive Authority

Board Minutes – December 14, 2005 **MOTION CARRIED.**

Pharmacy Technician Training Program Approval

Home Call Pharmaceutical Services, Lower Columbia College, Cascade View Pharmacy

Donna Dockter questioned why the Board was being asked to approve an out-of-state pharmacy technician program. Andy Mecca explained that the Home Call Technician Training Program in Maryland was completed by an applicant applying for certification in Washington. Washington rules requires a technician complete a board approved training program and stipulates that out of state pharmacy technician applicants must meet the same requirements as a technician trained in this state. This particular applicant has a PTCB certification but the Maryland Board does not recognize the tech training program. The only way for him to be certified here was to get Board approval of the training program which was found to be comparable to a Washington program. The applicant must meet all WA certification requirements, which includes certification of completion of 8 hours of Washington law training. **ACTION:** Susan Teil-Boyer moved to accept the Technician Training Programs for Lower Columbia College, Cascade View Pharmacy. And, to accept the technician training program Home Call Pharmaceutical Services with the provision that this program is approved on a one time basis for a specific applicant. **MOTION CARRIED.**

Note: Staff will marry the technician application with the training program.

Automated Drug Dispensing Device Acceptance

Lake Chelan Community Hospital, Seattle-King County Jails

Lake Chelan Community Hospital does not have a full time pharmacy. The automated drug dispensing devices at this location will be stocked by Sacred Heart Hospital Pharmacy. Donna Dockter pointed out a discrepancy in the policy and procedures submitted by Lake Chelan. The procedures stated under Authorized Personnel and Security/Override Authority allows the pharmacy technician “to refill a medication that required “RX Check” without having a registered pharmacist check the medication.” Tim Fuller clarified that the procedures in Appendix B indicates that the restocking process is done via camera-on-wheels to observe the technician restocking the unit. **MOTION:** Rebecca Hille moved to accept Seattle-King County Jails’ automated dispensing device. And, moved to accept Lake Chelan Community Hospital automated dispensing device with clarification on pharmacy technician supervision in restocking medstations, and clarification regarding emergency room medstation drug access granted to paramedics. **MOTION CARRIED.**

REPORTS

Executive Director

Steve Saxe reported on the following:

- Welcome to the new Board Chair, Dr. Awan. A special thanks to George Roe for his many years of service as our Board Chair and to Sharron Sellers for extending her appointment for one more meeting.
- Governor Gregoire has finalized the appointment of a new board member. Rosemarie Duffy, the new public member will be joining us at the March meeting. She has a very diverse background as a clinical nurse, health care administrator, educator, community service and service in the Air Force. Ms. Duffy resides in Spokane.

- Health Professions Section Four
 - Administered the Veterinary Technician Exam to 57 applicants.
 - Judy Haenke, Program Manager – participating on a legislatively mandated committee looking at vision screening for school age children.
 - Staff attended training to look at performance appraisal process developing competencies.
 - Attended with Doreen Beebe training on client services contract – required training for persons working with these types of contracts.
- Joined Andy Mecca, Dr. Fassett, and Dr. Hazlet conducted a 4 hour session on new laws to 150 attendees.
- Participated on a Web Cast with several representatives from the Department of Health and the National Academy for State Health Care Policy. Subject targeted Facilities Services Licensing in maximizing the use of state adverse data to improve patient safety. Washington requires hospitals to report adverse events and how they are able to collect the data and actions to improve quality.
- Bremerton Naval Hospital – spoke with Medical Services Corp of Administrators Association regarding health care management, and ethics in healthcare
- Legislative Session – several staff have attended training sessions on bill analysis-reviewing bills related to health professions or Department of Health. They will provide input on specific bills, assisting the department to determine its position to support, oppose, or to be neutral.
- Meet Me Calls – new process in place involving one member of health profession boards, commissions and committees to provide feedback on bills that cross all professions. Vice-Chair Rebecca Hille is this board's participant.
- Many HPQA work activity groups looking at issues such as disciplinary process, credentialing, intake and assessments, complaints and how they are managed, and sanctioning. Lisa Salmi is participating in a group looking at continuing education and expert witnesses.
- Working with the department's Human Resources Office to fill the support position, reporting to Ms. Beebe, supporting the Board of Pharmacy and the Orthotics and Prosthetics Advisory Committee.
- Marla Randall – new credentialing manager. Ms. Randall comes from the HPQA Public Disclosure Records Center and has worked for the Medical Quality Assurance Commission and Facilities Services Licensing Transient Accommodations Program.
- Nomination of Board Investigator Jim Doll for the Lester Hosto/Inspector Distinguished Service Award was sent to NABP.

Assistant Attorney General

Joyce Roper reported that she has begun reviewing the new FDA regulations on patient labels and evaluating any implications to state statutes or regulations. Part of the new FDA regulation purport to preempt malpractice actions against manufacturers and healthcare providers, primarily prescribers, for failing to warn if they relied on the insert.

Board Member

Rebecca Hille reported that *The Spokesman Review* had a good article on purchasing pseudoephedrine products, questions and answers, written by a retail chain pharmacist.

Pharmacy Consultant

Andy Mecca shared that recently the most frequently asked question changed from pseudoephedrine to the DEA's policy on multiple issuance of C2 prescriptions. This issue made its debut last April.

Tim Fuller mentioned that the DEA plans on seeking additional authority regarding multiple C2 prescriptions.

Electronic stakeholder meeting is in process regarding long-term care controlled substance disposal. Comments are being accepted until January 30, 2006.

Emergency Response – the Strategic National Stockpile will conduct a full drill on February 15th. Pharmacist Investigator Jim Doll and Mr. Fuller are attending meetings each week with Lead Chiefs from the different areas.

National Standardized Technician Exams – Stakeholder meetings scheduled for March in Kent and one in April in Yakima.

Chief Investigator

Grace Cheung reported on the following:

Inspection Statistics

December

- Inspections conducted during the month: 36
- Inspections per field investigator: 4.5
- Satisfaction with process (per survey): 100%

Investigation Statistics

December

- Open investigations (on the last day of month): 81
- Investigations closed with final disposition: 13
- Average time (in days) to investigate all cases: 114.5
- High priority investigations (on last day of month): 0

Meetings, training, and/or special assignments

- Jan 18- 20, 2006 Dick Morrison and Grace Cheung participated in the National Boards of Pharmacy Multi State Pharmacy Jurisprudence Examination State Specific Review.
- Jan 5, 2006 Randy Flett provided training and technical assistance on new rules requiring retailers to collect transaction information on EPP products at the Snohomish County Drug Task Force Meeting.
- Dec 20, 2005 Tim Fuller, Andy Mecca and Grace Cheung participated in a meeting with staff members of the Office of Community and Rural Health and, via conference call, with

representatives of free clinics around the state of Washington. The topic of discussion related to dispensing of medication.

- Dec 19, 2005 Dick Morrison participated in setting guidelines for admissions interviews and other criteria that will be used to make admissions decisions for the pharmacy class at University of Washington School of Pharmacy.
- The investigator vacancy in Central Washington continues to pose challenges for the rest of the investigators especially with the winter traveling conditions. In addition to their own workload many investigators have been assigned Central Washington cases, practice reviews and non-routine inspections (i.e. new, relocation and remodel inspections).
- Jim Doll and Jim Lewis continue to participate in a work group that is reviewing Department of Corrections' handling of medications.
- 2006 Investigators Meeting dates are as follows:
 - March 1-2 George Roe (tentative)
 - June 7-8
 - September 6-7
 - December 6-7

PRESENTATION

Washington State Pharmacy Association – Right to Refuse

William Fassett, representing the Washington State Pharmacy Association, provided a summary of the work done last year by the WSPA ad hoc committee tasked with reviewing the Associations' position and providing recommendations on a pharmacist's right to refuse to fill prescriptions. Members of the Committee formed in July 2005 are CJ Kahler, Chair; Merrie Kay Alzola; Marie Bach; Renee Cook; Bill Fassett; Teri Ferreira; Lee Funkhouser; Tim Lynch; Sue Merk; Jim Ramseth; Rod Shafer; and Sepi Soleimanpour.

The Committee considered it important that the pharmacist communicate clearly with the patient the nature and extent of his or her services so that the patient can establish a professional relationship with a pharmacist who is best prepared to meet his or her needs. A patient and pharmacist must enter into a professional relationship and patients should choose pharmacists that meet their needs.

Committee concluded that pharmacist must have options in place to offer patients when the pharmacist is unable to fill an otherwise lawful prescription, e.g., conscientious objections, out of stock, not stocked or other reasons. The pharmacist must do more than just state, "I can't help you".

Some members of the committee did not want to require an individual pharmacist to initiate a referral to another pharmacy on the basis that for some pharmacist the active referral in their mind constitutes a moral connection to something that violates their moral commitment. The committee did agree that the referral is an appropriate option to have.

In the presentation, Mr. Fassett discussed actions for which the committee identified as professionally unacceptable.

- Refusing to identify another pharmacy when asked by the patient for a referral.
- Refusing to transfer a prescription to another pharmacist.
- Destruction of a valid prescription and/or refusal to return a valid prescription to the patient.
- Violation of the patient's privacy.
- Inflicting on the patient an unsolicited lecture regarding the patient's healthcare choices. (not the same as counseling)
- Failure to treat the patient with dignity, or otherwise demeaning the patient

The Committee concluded that the pharmacist must act in accordance with the demands of his or her conscience, based upon an accurate understanding of the medical facts and circumstances, and that "the pharmacist's decision must respect the autonomy of the patient, and not impede the patient's right to seek the service being requested".

The Ad Hoc Committee recommendations were adopted by the WSPA's Board of Directors. These recommendations included recognizing and respecting the professional responsibility of a pharmacist to provide pharmaceutical care for his/her patients and that a pharmacist must act in accordance with his or her moral, ethical or religious principles. The WSPA supports the establishment of individual systems that protect the patient's ability to obtain legally prescribed and therapeutically appropriate treatment; and the reasonable accommodation of a pharmacist's conscientious objection.

The Committee's recommendations further identifies that a pharmacist has a serious responsibility to always hold the autonomy, dignity, and confidentiality of his/her patients in the highest regard; to appropriately communicate the availability or unavailability of pharmacy services to his/her patients, and the prescribers in the community; to have options in place to communicate to patients when the pharmacist is unable to fill prescription; to diligently develop his/her conscience-guided response to selected pharmaceutical services; and to inform and reach agreement with an employer and the pharmacy's staff, as appropriate, concerning his/her anticipated response to identified pharmaceutical care requests.

The Pharmacy Board members recognize that this is a very complex issue and not just about reproductive rights. Some Board members expressed concern with a regulatory body requiring all prescriptions be filled but felt it was appropriate to identify unprofessional conduct as placing additional barriers before patients.

The Board expressed an interest in being able to take disciplinary action for actions the committee found professionally unacceptable. Joyce Roper reminded the Board that its authority to take disciplinary action would be more clear if the board adopted a rule finding the professionally unacceptable actions to be unprofessional conduct or outside professional standards of practice and the Board could then cite for failure to comply with a board rule defining or establishing standards of patient care or professional conduct or practice [RCW 18.130.180(7)] rather than having to rely on RCW 18.130.180 (4), incompetence, negligence, or malpractice which results in injury to a patient or creates an unreasonable risk that a patient may

be harmed because then the state would have to prove harm or unreasonable risk of harm.

MOTION: Rebecca Hille moved that the Board begin the rule making process. **MOTION CARRIED.**

Steve Saxe reminded the audience that the CR101 form initiated rule making – notice to interested parties and does not contain specific language for rule-making. Normal process can take 12 months or more.

Nancy Sapiro, Northwest Women's Law Center and Kelly Reese of Planned Parenthood request an opportunity to provide comment on this issue and the recommendations by WSPA at a future meeting.

Seattle/King County Public Health – Emergency Planning – Pharmaceutical Distribution

Dean Webb, Chief of Pharmacy of Seattle/King Co –
Emergency Planning – briefly updated the board on Seattle-King County's activities.

They have been directed by the CDC, in conjunction with the Department of Health to prepare plans and build capabilities to respond to site specific release (involving less than 1,000 individuals) and community release (involving 10,000 to 100,000 individuals) of anthrax.

The plans have been developing for a number of years on how to provide antibiotic treatment to a small or very large numbers of people in a very short time period. Less than 48 hours from the time a decision is made that people need to be treated to the time that all treatment is completed.

Mr. Webb stated that they could not create a burden on the healthcare system by simply referring people to the emergency room. It is Public Health's responsibility to protect the integrity of the healthcare system and identify additional staff from the community needed to help manage this type of operation; specifically pharmacists.

Models

1. Site specific – mobilize staff including pharmacist, physicians, and independent practitioners to dispense the medications. Medications would likely be stored locally and mobilized to the facility where the dispensing is to occur at the time. Standardized educational matters will be developed in advance, counseling at the site to educate patients about the disease as well as the medication.

2. Communitywide – Public health department prescribing the medications. All patients coming in would be screened for contra indications by nurses. Drugs will be administered by nurses to those with no contraindications; all others would be seen by a pharmacist, physician or other health care practitioner for additional counseling and review. All medication will come from the national strategic stockpile.

3. Pre-staging – Providing first responders with access to medications at the beginning of an event.

Dr. Andy Stregachis, Regional 6 Coordinator indicated that the planning process is on going. It includes: preparedness planning, building plans, training to plans, exercising plans and revisiting plans and doing the whole cycle again.

Anthrax – provide quality pharmacy care and save lives.

1. Mass dispensing clinic need to be established selected on a criteria familiar to the public, access – parking, major activity.
2. Fill out form, show form, pick up meds and exit. Points of Distribution – Medication Centers – Pocket Guide (distributed to the Board).
 - a. Record of what was dispensed- check in form as a profile and record of dispensing (asked for board comment)
 - b. Group working on public information
 - c. Staffing – parallel effort with WSPA – medical reserve corp established.
3. Storage – Drug Cache – how can this be done to meet legal requirements?
 - a. Concerns about storage in non-licensed location

These models focus on anthrax and other agents that can be treated with doxycycline or ciprofloxacin.

Concerns raised by the Board:

- Storage in non-licensed locations,
- What do community pharmacists tell the community?
- How will out of date drugs be cycled out of storage caches?
- Why are we creating a distribution system when we have one in place? (local pharmacies)

Susan Teil-Boyer asked that the Board to clarify the pharmacists' authority in emergency situations as to what a pharmacist can and cannot do. Joyce Roper mentioned that mirroring the hospital emergency planning may be an option.

Tim Fuller shared that a survey is planned for distribution to all pharmacies is planned for distribution within the next several weeks to assess the quantity of specific pharmaceuticals on hand. Our sense is most pharmacies have gone to a “just in time” kind of inventory and there may not be a lot out there. Joyce Roper cautioned that some of the information obtained will likely be protected from disclosure under RCW 42.17.310 (1)(ww), so information can perhaps be reported out in the aggregate but likely not by specific location.

Comments were provided by DOH staff Dave Owen, Strategic National Stockpile Coordinator; and Valerie Munn, State Emergency Response Coordinator; and Seattle King County Public Health staff Michael Loehr and Michelle Pennylegion.

GMAP – Government Management, Accountability and Performance Report

Steve summarized the report presented to Governor Gregoire, on December 15, 2005, by the Department of Health, which focused on the department's oversight and discipline of health care professionals.

Department of Health

- 10 Governor appointed boards which regulate 23 professions (2 professions are overseen by licensing boards but the secretary has disciplinary authority)
- 4 Governor appointed commission which regulated 9 professions.
- Secretary programs -23 professions. (advisory committees)
- Over 300,000 health professionals are credentialed by HPQA -57 separate professions.

For the 03-05 biennium, the department received 14,000 complaints representing only 4.8% of all the health care professionals credentialed by HPQA. 85% of HPQA's budget is spent on the disciplinary process.

Licensure Growth Rate in the last 10 years

- Pharmacies and other pharmaceutical firms showed a 13% decline.
- Pharmacist – 33% increase
- Pharmacy Technicians 130% increase
- Pharmacy Assistants – registered - 194% increase

Steve summarized the process for complaints to final disposition.

1. Complaint – redacted complaint presented to Board Panel (3 Member) – close or authorize investigation
2. If authorized moves to investigative unit - 8 Pharmacist Investigators, 1 Chief Investigator (Investigators assisted other programs in the past with drug related/diversion investigations.)
3. Investigation completed – report assigned to Reviewing Board Member (RBM)
4. RBM presents to Panel of the Board - recommended actions include NOC, Stipulated Informal Disposition STID or Statement of Charges.
5. To Assistant Attorney General Prosecutor for negotiation with respondent.
 - a. Agreed Order brought to the board
 - b. Hearing before the Board. Decision rendered by the Board

2003- 2005 Biennium

14,027 complaints, 6888 closed before investigations, 6474 investigated, 4637 closed after investigation and 1812 proceed to legal action. 458 Informal Disposition, 1354 Formal Disposition, 689 settlements, 499 defaults, 166 decisions following hearing.

Steps to Improve Patient Safety

- National Practitioner Databank Checks (included in 2006 supplemental budget)
- Denial of Licensure
Sanctioning Guidelines
- Sexual Misconduct Rules
- Monitoring Compliance- Show Cause Hearing
- Public Information Access - Credential Status
- Increasing Public Member Representation

Secretary Selecky is scheduled to present status update to Governor's Cabinet. Regular GMAP updates are planned for future Board agendas.

Costco Corporation – Central Fill Pharmacy

For the Record – George Roe disclosed that he retired from Costco 4 years ago and holds no stock in the company.

Tim Fuller distributed copies of the Board's Central Fill Guidelines and provided background on Costco's proposal for a central fill pharmacy. Costco has entered into an agreement with McKesson in the operation of a central fill pharmacy. The program complies with the requirements developed by the Board.

Craig Norman, Vice-President of Operations for Costco Pharmacy Division led the presentation. Mr. Norman introduced his associates; Jon McArther, Director of Pharmacy Training – leading the system development and testing; Brian Moores, Regional Supervisor - in charge of the facility operations; Chris Pierce, Director of Pharmacy Benefits Services; and, Randy Hyun, representing McKesson (partner).

The central fill pharmacy will address growing volume by diverting some prescriptions through the central fill facility with the intention not to reduce staffing but to free up the pharmacists' time to assist patients, increase productivity and service improvement. The central fill pharmacy will primarily process refills and provide services to all Washington and Oregon Costco pharmacies. Pharmacists at the facility are Costco pharmacists and will be licensed in both WA and OR.

Mr. Norman provided a brief overview of the process: DUR will be done by the dispensing pharmacy. The prescription is sent electronically to the central fill location to be filled and returned the following day to the dispensing pharmacy. The central fill pharmacy will fill, package and conduct NDC verification. The filling process is done primarily by pharmacy technicians using a barcode matching process and verification by the pharmacist using first databank image, label instructions, and digital image verification of prescription contents. Once approved, the prescription is moved to the McKesson distribution center for distribution to the dispensing pharmacies with the normal daily drug orders. The system is capable of processing 600 prescriptions per hour and 5000 scripts per shift.

The dispensing pharmacy will check-in the prescription matching the NDC#. If the NDC# does not match an error has occurred or the prescription was already filled by the dispensing pharmacy. The sign and brochure for posting in the dispensing pharmacy, which was included in the policy and procedures, did not provide notice to patients of their option to decline the central fill service. **MOTION:** Rebecca Hill moved to approve Costco's central fill plan with the exception that they must clarify the language on the sign making patients aware that they may decline the services. **MOTION CARRIED.**

DISCUSSION

Update on Implementation of Methamphetamine Rules

Steve Saxe shared with the Board a letter received from Attorney General Rob McKenna strongly supporting the implementation of the sales product log rules and noted that ID theft concerns was addressed by removing the signature and address without compromising the deterrent effect of the product log or lessening its value as an evidence gathering tool.

Mr. Saxe also shared that Chris Johnson, Policy Director, encourages the Board to continue to evaluate the technical feasibility of implementing an electronic log utilizing the barcode feature on the driver's license.

Steve attended a meeting with WA Association of Sheriffs and Police Chiefs where a device was demonstrated that could read the barcode on the back of driver's licenses issued in any state - the system is being piloted in a county in Kentucky. The information once scanned would go to a central repository where the information could be screened with specific parameter to identify frequent purchases. (Future Technology Agenda Item)

The rules adopted on December 14th were filed with the Code Reviser on December 22 with an effective date of January 1, 2006. A letter was sent to all registered shopkeepers, itinerant vendors and licensed pharmacies summarizing the rules and providing a sample log. This information may also be viewed and printed from the Board's webpage.

The recently mailed Boards newsletter, which was printed prior to the Board reconsidering the rules, does not have the amended language. A correction notice will be disseminated in the next newsletter and other means as determined necessary.

Steve Saxe has contacted the Washington Association of Sheriffs and Police Chiefs, Washington State Patrol and Washington Association of Police and Sheriffs making them aware that the Board has delayed enforcement of the rules until February 1, 2006. At this time, Board Pharmacist Investigators and Law Enforcement are visiting retail locations to provide education and technical assistance.

2006 Legislative Session

Rebecca Hille discussed the bills presented to the "Meet Me" call group. These bills are not included in the Governor's budget.

HB2399 & SB6193 – Requiring survey of health professionals – statistics and demographics – age, gender, race, ethnicity...

SB6194 - Requiring multicultural education for health care professionals – to avoid barriers – gender appropriate and cultural healthcare. Requires all training schools to add multicultural training to their curriculum.

HB 2431- Requiring Criminal Background checks – cost of background checks added to credential fees, criminal unprofessional conduct – checks through the FBI.

The department shall adopt rules requiring review of national federal practitioner databank and federal healthcare integrity and protection databank for each license holder. All license holders are required to have a review conducted within 4 years of the implementation and every 4 years thereafter. Licensee is exempt from review if after 3 consecutive reviews show no reports.

HB1850 – Retired volunteer medical workers – For emergency events/management-concerns regarding the effectiveness of retired health care workers that have not been in practice or completed continuing education for a number of years.

Steve Saxe continued the discussion of legislative bills.

HB3171 - Formation of a commission on psychoactive pharmaceuticals – report December 1, 2007 unsure of intent

HB2341- Optometry licensure – amends current 5 tier licensure level to a single level. By 2011 licensed to prescribe oral medication- DOH support

SB6505 – Drug paraphernalia – focuses on criminal sanction for retail business sales/displays of drug paraphernalia – suggested to amend 3 current laws with similar language.

HB2292 – Relating to improving health care – increasing patient safety, reducing medical errors, reforming medical malpractice insurance and resolving medical malpractice claims fairly. And elicits changes to the Uniform Disciplinary Act example: mandatory revocation for three serious act of unprofessional conduct within 10 years, consider prior findings/sanctions in imposing sanctions against a licensee, no reinstatement from revocation, adds two public advocate members to the Medical Quality Assurance Commission and establishes changes in standard of proof. Requirement for hospitals to report adverse events. Also has the medical associations' proposed language requiring prescriptions to be hand printed, type written, or electronically generated.

HP2473 - Protection of unfair prescription drug practices by pharmacy benefit managers – allows access to records and requires disclosure of conflict of interest by benefit managers. They must disclose all financial terms and utilization information to ensure that saving through the pharmacy benefit management process is passed through to the covered entities. Joyce Roper clarified that the information may contain patient specific information therefore; it may remain exempt from the Public Disclosure Act although the Department of Social and Health Services and the Health Care Authority may be able to get some of these records

SJM8032 – Plan B prescriptions – Memorial addressed to President Bush, US Senate and House of Representatives, and the Director of the FDA - suggesting that the FDA follow through with its proposal to make Plan B prescriptions over-the-counter.

HJM4033& SJM8028 - Memorial addressed to President Bush, US Senate and House of Representatives regarding Washington State's right to set Medical Marijuana laws.

SB6591 – Wholesale Distribution – bill addresses the issue of counterfeit and adulterated drugs. It provides additional definitions, facility standards, penalties, background checks, due diligence and drug pedigree to the RCW. Copies of the bill and a letter from the Healthcare Distribution Management Association (HDMA) were distributed to the Board.

Reuse of unused medication – Steve Saxe, Rod Shaffer - WSPA, Andy Mecca and Siri Childs - Medicaid met with the committee analyst on this proposal to discuss current regulations and guidelines. May not proceed to a bill. There was an article in a national publication to all legislators about programs for indigent populations that prompted interest in this issue.

Correspondence

Steve Saxe discussed recent correspondence sent from the National Association of Boards of Pharmacy.

- NAPLEX passing scores – NAPLEX passing rates have dropped from 2004's 97.38% to 92.36% in 2005. This may be a result of new standards establishing the lowest acceptable level. Passing rates for all candidates testing in their 2nd trimester is 89%, slightly lower than in 2004.
- Model State Pharmacy Act – Letter providing information on how to access the *Model State Pharmacy Act and Rules* on the NABP website.
- Activities at the 2005 Fall Educational Conference attended by Grace Cheung.

Official Board Delegate – NABP

Official Board Delegate (voting member) to the NABP 2006 National Meeting. **MOTION:** Rebecca Hille moved that Steve Saxe be named the official Board delegate with voting authority and George Roe be named alternate delegate. **MOTION CARRIED.**

Rule Making

Wholesale Distributors – Andy Mecca distributed charts illustrating wholesaler rules/legislative actions taken in California, Indiana, Oklahoma and Nevada. He encouraged the Board to consider the rule making process to strengthen our wholesale distributor regulations to protect the public by ensuring the integrity of the drug supply. **MOTION:** Susan Teil-Boyer moved that a CR101 be filed to initiate pharmaceutical wholesaler rule making. **MOTION CARRIED.**

Steve reminded the Board that legislation is still pending in this area.

Sexual Misconduct – the Board of Pharmacy and all other health professional boards and commissions are being asked by the Secretary of the Department of Health to consider initiating rule making to adopt sexual misconduct rules. The work completed by several professions that have adopted rules and the department's secretary professions that have begun rule making for sexual misconduct may provide a model for our process. **ACTION:** Rebecca Hille moved that a CR101 be filed to initiate the sexual misconduct rule making process. **MOTION CARRIED.**

Accreditation of Schools/Colleges of Pharmacy

The Board was asked to consider adopting the American Council on Pharmaceutical Education (ACPE) 2006 accredited professional programs of colleges and schools of pharmacy as the official list of approved pharmacy programs. **ACTION:** Rebecca Hille moved that the Board adopt the ACPE accredited professional programs of colleges and schools of pharmacy as the official list of approved pharmacy programs. **MOTION CARRIED.**

ACPE no longer recognizes accreditation for Canadian pharmacy schools since that are baccalaureate programs. Foreign pharmacy graduates must take the Foreign Pharmacist Graduate Equivalence Examination (FPGEE) which is offered at limited times throughout the year and at select locations. Canadian graduates have been allowed to take NAPLEX and were exempt from taking the FPGEE.

Last year, the Board evaluated the 2004 Canadian graduates' performance on the North American Pharmacist Licensure Exam (NAPLEX) in comparison to the national and foreign average scores. In 2005 these numbers were not available because NABP no longer differentiates between foreign and Canadian graduates. The Board is asked to reaffirm the current policy statement setting requirements for Canadian Pharmacy School graduates after January 1994 to allow them to sit for the NAPLEX exam without obtaining a certificate from the FPGEE.

ACTION: Susan Teil-Boyer moved to affirm the current policy statement setting Intern requirements for Canadian Pharmacy School graduates. **MOTION CARRIES.**

Navigating the Board of Pharmacy Web Page

Steve Saxe demonstrated navigation within the Washington State Board of Pharmacy's webpage and search capabilities of the Code Reviser's site. The Chair Asaad Awan was concerned that the website did not offer a user friendly means of searching the laws and rules. Staff is working to providing more Q&A on the webpage.

Adjournment

There being no further business, the Board adjourned at 3: 40 p.m. They will meet again on March 10, 2006 in Kent, Washington.

Respectfully Submitted by:

Doreen E. Beebe, Program Manager

Approved on March 9, 2006

*Dr. Asaad Awan, Chair
Board of Pharmacy*